Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS 2:						and the state of t	F	RATE	FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA	ВА	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS					•	<u>.</u>	7	K\$ 9=		OR	X\$18=	108	
INDEPENDENT CLAIMS			ے minus 3 =		•		7	X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+	·135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>	OTAL		OR	TOTAL	811	
CLAIMS AS AMENDED - PART II								· · · -	-		OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	. 9	Minus	2	0	= O	 >	(\$ 9=		OR	X\$18≠		
AME	Independent	. 2	Minus	***	3	= ()	7	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=		
								TOTAL DIT. FEE		QR.	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	AUL	JII. FEE (• ,	השטוז, רבכן		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT	f	RATE	ADDI- TIONAL FEE		RATE	'ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus	**		=)	(\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDEN	T CLAIM			106		1	. 270-		
							L	-135= TOTAL		OR	+270= TOTAL		
							ADI	DIT. FEE		OR	ADDIT. FEE		
 	v i li kariyasa s	(Column 1)	1 15 1 1 1 1		mn 2) HEST	(Column 3)	_						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUI. PREVI	MBER IOUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	[}	K\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	•••		=		X40=	<u> </u>		X80=	 	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM				 -	OR			
	ld the embersion of				to "N" in an	dumo 3	L	135=		OR	+270=		
••	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												
"	ii the "Highest Nu The "Highest Nun	mber Previously P aber Previously Pa	ald For (Total o	i Indebeud 2 2 SAVIE	dent) is the	an 3, enter "3." e highest numbe	r found	in the ap	propriate bo	x in co	tumn 1.		

Application or Docket Number